

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		(1)				
8		(1)				
9		(1)				
10	1					
11		1				
12		2				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17	1					
18		1				
19		2				
20		(1)				
21		(1)				
22		(1)				
23	1					
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30		3				
31		3				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		3				
41	1					
42		1				
43		1				
44	1					
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	46					
TOTAL CLAIMS	55					